

INTERNATIONAL J VISA INSTRUCTIONS		
FIELD	INSTRUCTIONS	SAMPLE
PAY TO		
AMOUNT (IN WORDS)	Write the amount of your I-901 SEVIS Fee in words. If you are in the Camp Counselor, Summer Work/Travel or Au Pair category, the fee is "THIRTY-FIVE US DOLLARS" if you want us to send you the I-797 receipt via air mail or "SIXTY-FIVE US DOLLARS" if you want us to send you the I-797 receipt via expedited delivery. For all other categories, the fee is "ONE HUNDRED US DOLLARS" if you want us to send you the I-797 receipt via air mail or "ONE HUNDRED AND THIRTY US DOLLARS" if you want us to send you the I-797 receipt via expedited delivery.	THIRTY-FIVE US DOLLARS
AMOUNT	Write the amount of your I-901 SEVIS Fee in US Dollar amount. This will be either "\$35.00", "\$65.00", "\$100.00", or "\$130.00" depending on your category and how you want us to send you the I-797 receipt.	\$35.00
COMPANY NAME	Write "US BANK DHS".	U S BANK DHS
COMPANY CODE	Write "JSEVISFEE,MO".	JSEVISFEE,MO
COUNTRY	Write "USA".	USA
SENDER		
FIRST NAME	Write your First (given) Name above "First" (and middle name above "Middle", if applicable) exactly as it appears on your Form DS-2019.	SAMUEL ANTHONY
LAST NAME	Write your Family Name (surname) above "Paternal" exactly as it appears on your Form DS-2019.	OLMAN
ADDRESS	Write the address to which you want us to send your I-797 receipt. Write the street address (and apartment number or P.O. Box if applicable) above "Street", the city above "City", the country (or province/provincial abbreviation if applicable) above "Province/Country", and the postal or zip code above "Postal Code".	123 GREEN STREET LISBON PORTUGAL 1234
TELEPHONE NO.	If you have requested expedited delivery, write the telephone number for the address to which we are sending the I-797 receipt including the country code and area/city code, to facilitate delivery.	(34) 65-4-123-654
ACCOUNT NUMBER	Write your SEVIS Identification (ID) number (exactly as it appears above the barcode towards the top right corner on your Form DS-2019) followed by a hyphen and then your Date of birth (exactly as it appears on your Form DS-2019 in MM/DD/YYYY format).	N1234567890-12/30/1980
REFERENCE NUMBER	Write the Exchange Visitor Program Number exactly as it appears on your Form DS-2019.	P-3-10193
NAME/DEPARTMENT	Write your gender.	MALE

Payment Services

WESTERN UNION

For Western Union Card[®] holders, please fill in your card number.

Card No.

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Amount

\$35.00

DO NOT WRITE BELOW

Agency

Operator number

Date

/

/

Time

Money Transfer Control Number

1	2	3	4	5	6	7	8	9	0
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Western Union fills in Number

Pay to

Company name U S B A N K D H S

Company code J S E V I S F E E , M O

Country U S A

Sender

First name S A M U E L A N T H O N Y

Last name O L M A N

Address 1 2 3 G R E E N S T R E E T

L I S B O N P O R T U G A L 1 2 3 4

Telephone no. (3 4) 6 5 - 4 - 1 2 3 - 6 5 4

Account Number N 1 2 3 4 5 6 7 8 9 0 - 1 2 / 3 0 / 1 9 8 0

Reference Number P - 3 - 1 0 1 9 3

Family Name (Surname)

Tax

Total amount received

SEVIS Number-Date of Birth

Identification

Exchange Visitor Program Number

Nationality

Expiration

Number

Gender

If you would like payment directed to an individual or department, please specify here.

Name / Department M A L E

Agent's signature